1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400004259

1. Corporation Name

OCEAN REEF COMMUNITY FOUNDATION, INC. Principal Place of Business 31 OCEAN REEF DRIVE SUITE A-301 #98 KEY LARGO FL 33037 US Mailing Address 100 ANCHOR DRIVE #98 KEY LARGO FL 33037 US					218560 - 90123 - 46 &		
Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed 08/30/1994	,	
21 26						·	P - 1 F
Suite, Apt. #, etc.					4. FEI Number 65-0509255	- 	Applicable
27					00 0005200	\$8.75 A	Applicable
City & State City & State					5. Certificate of Status Desired	Fee Red	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be
24	[25]	29 30	<u> </u>		Trust Fund Contribution 10. Name and Address of New Registe	Added to	rees
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Hame and Address of New Registe	ou Agoin	
NOSTRO,	LOUIS		82		ress (P.O. Box Number is Not Acceptable)		
201 S. BISCAYNE BLVD.							
SUITE 1600							
MIAMI FL 33131				City	:	FL 85 Zip C	ode
agent. I a	im familiar with, and accept the obliga	itions of, Section 617.0503, Florid	a Statutes	, 	on's board of directors. I hereby accept the a	E ` ` .	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE 1.1				Change	Addition
NAME	ARONOFF, GEORGE		1.2 NAME				
STREET ADDRESS	REET ADDRESS 31 OCEAN REEF DRIVE, SUITE A-301			ADDRESS			
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-S	T-ZIP			
TITLE	VD □ DELETE 2:					Change	☐ Addition
NAME	DAVIDSON, TOM				•		
STREET ADDRESS 31 OCEAN REEF DRIVE, SUITE A-301			2.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	KEY LARGO FL			ST-ZIP		- Charac	
TITLE	1.0		3.1 TTLE			Change	Addition
NAME	GOLDSTEIN, ALAN	- 4 444	3.2 NAME				
STREET ADDRESS		: A-301	1	TADORESS			
CITY-ST-ZIP	KEY LARGO FL	□ BELETE	3.4. CITY- 9	T-ZIP	A A A A A A A A A A A A A A A A A A A	☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			- change	
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-ZIP		Change	Addition
TITLE			5.1 TITLE 5.2 NAME				
NAME			I.	T ADDRESS	·		
STREET ADDRESS	Í		5.4 CITY-S				
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an atagniment with an address, with all other like supplied.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 11, 1999 8:00 am § Secretary of State

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